



Consent to Treat Form

I, _____ parent or legal guardian of,
_____, born _____,
do hereby consent to any medical care/treatment determined by the sports medicine staff to be necessary for the welfare of my child in the event of an injury while he/she is participating in athletics at NorthWood High School. I understand that any treatment, medical or surgical care that is provided to my son/daughter will be given only when considered medically necessary for their health and wellbeing. By signing this form, I acknowledge that I have read and understand this consent.

This authorization is affective from April 1, 2021 to June 30, 2022.

Signature of Parent or Legal Guardian Date

This additional information will assist the Sports Medicine Team at Beacon Bone and Joint Specialists

Athlete Name _____ DOB _____ Sport(s) _____

Address: _____
(Street Address)

(City) (State) (Zip Code)

Telephone: Mother: _____ (home/cell) _____ (work)

Father: _____ (home/cell) _____ (work)

Email: Mother: _____

Father: _____

Physician: _____ Phone: _____

Preferred Hospital: _____

Emergency Contact: _____
(Name) (Phone #)